# 1232698

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMI	B APPROVAL
CMB Number	3235-0076
Expires:	November 30, 2001
Estimated avera	age burden
hours per form	16.00



#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
DATE R	ECEIVED
	1

Name of Offering (	check if this is an amer	ndment and name	has changed, and i	ndicate change.	
Private Offering o	f General Partnership	Interest			
Filing Under (Check) l	oox(es) that apply):	☐ Rule 504	Rule 505		Section 4(6) ULOE
Type of Filing:	New Filing	Amendment			
		A. BASIC 1	DENTIFICATIO	N DATA	/ anav 1 3 2003 >
1. Enter the information	on requested about the is	ssuer			West.
Name of Issuer (  c	heck if this is an amend	lment and name h	as changed, and inc	dicate change.)	
General Partnersh	nip for Purchase of Spe	ecial Warrants is	n November 2000		
Address of Executive C	Offices	(Number ar	d Street, City, State	e, Zip Code)	Telephone Number (including Area Code)
3491 Unick Road, I	Ferndale, WA 98248			_	(360) 319-9961
Address of Principal Br	usiness Operations	(Number ar	d Street, City, State	e, Zip Code)	Telephone Number (including Area Code)
(if different from Execu	tive Offices)				
Brief Description of Bu	usiness				
D			o <b>f</b>	a alt a COntlant	I Tashualarias Inc. a Canadian
	peciai warrants to put	rcnase 24,000 sn	ares of common st	ock of Outland	d Technologies, Inc., a Canadian
corporation					
Type of Business Orga			<del> </del>		
corporation		☐ limited parts	nership, already for	med	other (please specify):
business t			nership, to be forme		general partageship CO
	1400	ininited part		ear	PROCESSED
				<del></del>	1
Actual or Estimated D	ate of Incorporation or (	Organization:			Actual EstinMAX 14 2003
	ration or Organization:	•	U.S. Postal Service	abbreviation fo	or State:
_	-	CN for Canada;	FN for other foreig	n jurisdiction	W A THOMSON FINANCIAL

#### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal not

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years,
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

	and managing pa	rtner of partnership issue	, i.s.		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Forhan, Craig					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
3491 Unick Road, Ferno	lale, WA 98248				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or  Managing Partner
Full Name (Last name first	, if individual)				
McEvoy Bros. Inc.					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)	···	
4040 Irongate Road, Be	llingham, WA 982	25			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Akre, Doug					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
3016 Lincoln St., Bellin	gham, WA 98225				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
McInnes, Mike					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
Business or Residence Addr 5051 Patton Road, Belli		•	e)		
5051 Patton Road, Belli Check Box(es) that Apply:	ngham, WA 98220	•	Executive Officer	Director	☑ General and/or Managing Partner
5051 Patton Road, Belli	ngham, WA 98220	5		Director	
5051 Patton Road, Belli Check Box(es) that Apply:	ngham, WA 98220	5		Director	
5051 Patton Road, Belli Check Box(es) that Apply: Full Name (Last name first	Promoter , if individual)	Beneficial Owner	Executive Officer	Director	
5051 Patton Road, Belli Check Box(es) that Apply: Full Name (Last name first Elsbree, Randy	Promoter , if individual) ess (Number and	Beneficial Owner	Executive Officer	Director	
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy  Business or Residence Address	Promoter , if individual) ess (Number and	Beneficial Owner	Executive Officer	Director  Director	
5051 Patton Road, Belli Check Box(es) that Apply: Full Name (Last name first Elsbree, Randy Business or Residence Addr 3426 Sweet Road, Blain	Promoter  if individual)  ess (Number and Se, WA  Promoter	Beneficial Owner  Street, City, State, Zip Code	Executive Officer		Managing Partner  Managing Partner
5051 Patton Road, Belli Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr 3426 Sweet Road, Blaine Check Box(es) that Apply:	Promoter  if individual)  ess (Number and Se, WA  Promoter	Beneficial Owner  Street, City, State, Zip Code	Executive Officer		Managing Partner  Managing Partner
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr.  3426 Sweet Road, Blaim Check Box(es) that Apply:  Full Name (Last name first	Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Code	Executive Officer  Executive Officer		Managing Partner  Managing Partner
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr.  3426 Sweet Road, Blaine Check Box(es) that Apply:  Full Name (Last name first Burfiend, Dan	Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA)	Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner  Street, City, State, Zip Code	Executive Officer  Executive Officer		Managing Partner  Managing Partner
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr.  3426 Sweet Road, Blaim Check Box(es) that Apply:  Full Name (Last name first Burfiend, Dan Business or Residence Addr.  1103 Puget Street, Bellin Check Box(es) that Apply:	promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA 98220  Promoter	Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner  Street, City, State, Zip Code	Executive Officer  Executive Officer		Managing Partner  Managing Partner
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr.  3426 Sweet Road, Blaim Check Box(es) that Apply:  Full Name (Last name first Burfiend, Dan Business or Residence Addr.  1103 Puget Street, Bellin	promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA 98220  Promoter	Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner  Street, City, State, Zip Code	Executive Officer  Executive Officer	Director	Managing Partner  General and/or Managing Partner  General and/or
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr.  3426 Sweet Road, Blaim Check Box(es) that Apply:  Full Name (Last name first Burfiend, Dan Business or Residence Addr.  1103 Puget Street, Bellin Check Box(es) that Apply:	Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA 98226  Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner	Executive Officer  Executive Officer  Executive Officer	Director	Managing Partner  General and/or Managing Partner  General and/or
5051 Patton Road, Bellin Check Box(es) that Apply:  Full Name (Last name first Elsbree, Randy Business or Residence Addr 3426 Sweet Road, Blaine Check Box(es) that Apply:  Full Name (Last name first Burfiend, Dan Business or Residence Addr 1103 Puget Street, Bellin Check Box(es) that Apply:  Full Name (Last name first Duppenthaler, Dave	Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA  Promoter  if individual)  ess (Number and se, WA 98220  Promoter  if individual)  ess (Number and se, WA 98220  Promoter  if individual)	Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner  Street, City, State, Zip Code  Beneficial Owner	Executive Officer  Executive Officer  Executive Officer	Director	Managing Partner  General and/or Managing Partner  General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## A. BASIC IDENTIFICATION DATA (cont'd.)

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general	and managing pa	rtner of partnership issue	rs.		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Geri, Lou					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
3310 Abbott Street, Bell	ingham, WA 9822	26			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
LaRoux, Gene					
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	e)		
716 15 <sup>th</sup> Street, Bellingh	am, WA 98225				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Oberleitner, Kurt					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
1085 Cedar Hill Ave., B	ellingham, WA 98	226			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Hansen, Duane					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	<del>e</del> )		
6628 Enterprise Road, l	Ferndale, WA 982	48			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Clough, Scott					
Business or Residence Addr	ess (Number and S	Street, City, State, Zip Code	e)		
630 Briar Road, Belling	ham, WA 98225				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Butler, Jim					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
525 O'Malley Drive, Bil	lings, MT 59102				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Hulford, Val					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Code	e)		
1212 40th Street, Belling	ham, WA 98226				
	(Use bla	nk sheet, or copy and use a	dditional copies of this she	et, as necessary)	

		A. BASIC IDENTIF	ICATION DATA (cont'o	l.)	
2. Enter the informati	ion requested for	the following:			
Each promote	r of the issuer, if	the issuer has been organ	nized within the past five	years;	
	ial owner having ies of the issuer,	g the power to vote or	dispose, or direct the	vote or disposition	of, 10% or more of a class o
Each executive	e officer and dire	ector of corporate issuers	and of corporate general	and managing partn	ers of partnership issuers; and
• Each general	and managing par	rtner of partnership issue	rs.		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Turrell, Ed			<del></del>		
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Code	<del>;</del> )		
524 20th Street, Bellingh		Пъ. с. i о	77		M.C. 1.1/
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Pitalo, Joe					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Code	e)		
1046 Chuckanut Drive, E	Bellingham, WA 9	8225			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Nielson, Paul	07 1 16	C 4 C 4 C 7 C 1			
Business or Residence Addre	ss (Number and S	street, City, State, Zip Code	e)		
3206 Lakeway Drive, Bel					General and/or
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	Managing Partner
Full Name (Last name first,	if individual)				
Clough, John					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Code	e)		
1120 Chuckanut Crest D	r., Bellingham, W	A 98225			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first,	if individual)				Managing Partner
Gossage, Jay	•				
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Code	e)		
3822 York Street, Belling	mam. WA 98226				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

Director

General and/or
Managing Partner

Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

·	•												B.	IN	FOR	MA	ATI	ON	ΑB	OU'	Γ(	FF	ERI	NG													
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2.	Wha	at is i	he m	mim	ium	inve	stme	ent tr	iat v	vill b	æ a	ccep	tea 1	ron	any	/ inc	divi	dual	?														\$		1,00	10	
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# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.				
Type of Security	Αg	gregate Offering Price	F	amount Already Sold
Debt	\$	0	\$	0
Equity	\$	0	\$	0
Common Preferred	-		~ <u>~</u>	<del></del>
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$	90,300	\$	90,300
Other (Specify)	\$	0	\$	0
Total	\$	90,300	\$	90,300
Answer also in Appendix, Column, 3, if filing under ULOE.	-			
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "non" or "zero."				
		Number Investors		Aggregate Dollar Amount of Purchases
Accredited Investors		6	\$	36,000
Non-accredited Investors		13	\$	54,300
Total (for filings under Rule 504 only)				
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all		N/A	\$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.		N/A	\$	N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-		N/A  Type of Security		N/A Dollar Amount Sold
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering		Type of Security		Dollar Amoun Sold
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505		Type of Security N/A		Dollar Amoun Sold N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505		Type of Security N/A N/A	\$ \$	Dollar Amoun Sold N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ie	Type of Security N/A N/A N/A	\$ \$	Dollar Amount Sold N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security N/A N/A N/A	\$ \$	Dollar Amount Sold N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security  N/A  N/A  N/A  N/A	\$ \$	Dollar Amount Sold N/A N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security  N/A  N/A  N/A  N/A	\$ \$	Dollar Amoun Sold N/A N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505  Regulation A  Rule 504  Total  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs	ne ot	Type of Security  N/A  N/A  N/A  N/A  N/A	\$ \$	Dollar Amoun Sold N/A N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security  N/A  N/A  N/A  N/A   N/A	\$ \$	Dollar Amoun' Sold N/A N/A N/A N/A
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security  N/A  N/A  N/A  N/A  O  O  O  O  O  O  O  O  O  O  O  O  O	\$ \$	Dollar Amount Sold N/A N/A N/A N/A O O
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  Type of offering  Rule 505	ne ot	Type of Security  N/A  N/A  N/A  N/A  O	\$ \$	Dollar Amount Sold N/A N/A N/A N/A 0 0 0

<ul> <li>Enter the difference between the aggregate of a Question 1 and total expenses furnished in respondifference is the "adjusted gross proceeds to the issue."</li> </ul>	ise to Part C - Question 4.	a. This	С		\$_	90,300
Indicate below the amount of the adjusted gross probe used for each of the purposes shown. If the furnish an estimate and check the box to the left of listed must equal the adjusted gross proceeds to the Question 4.b above.	amount for any purpose of the estimate. The total of	is not know of the paymen	vn, nts			
Question 4.0 acove.				Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees			\$	0	_ 🗆 \$_	00
Purchase of real estate			\$	0	_ 🗆 \$_	00
Purchase, rental or leasing and installation of machinery	and equipment		\$	00	_ 🗆 \$_	00
Construction or leasing of plant buildings and facilities .			\$	0	_ 🗆 \$_	0
Acquisition of other businesses (including the value of s offering that may be used in exchange for the assets or s pursuant to a merger)	securities of another issuer		\$	0	_	0
Repayment of indebtedness			\$	0	_	00
Working capital			\$	0	_ ⊠ \$_	0
Other (specify) Purchase of 24,000 Special Warrants of the name of Craig Forhan, as nominee for general partners.		held in				
			\$	0	_ 🛭 🖾 \$_	90,300
Column Totals			\$	00	🛛 \$_	90,300
Total Payments Listed (column totals added)				⊠ \$	90,300	<del></del>
D.	FEDERAL SIGNATUR	RE				
The issuer has duly caused this notice to be signed by to following signature constitutes an undertaking by the issuer of its staff, the information furnished by the issuer to any n	er to furnish to the U.S. S	ecurities and	d Excl	hange Comi	mission, upo	
Issuer (Print or Type)	Signature				Date	
					164	_
General Partnership for Purchase of Special Warrants in November 2000	Cum to	2			As hand	[ 5007
-	Title of Signer (Print or	r Type)			Whay !	1 5007

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.2520 provisions of such rule?	- · · · · · · · · · · · · · · · · · · ·	
	See	Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as rec	•	state in which this notice is filed, a notice of
3.	The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upor	written request, information furnished by the
4. /	The undersigned issuer represents that the iss Limited Offering Exemption (ULOE) of the sta this exemption has the burden of establishing t	te in which this notice is filed and unders	
	suer has read this notification and knows the eigned duly authorized person.	contents to be true and has duly caused	this notice to be signed on its behalf by the
Issue	r (Print or Type)	Signature	Date
	ral Partnership for Purchase of Special rants in November 2000	Cmy 70	Way 9 2003
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)	σ
Craig	g Forhan	General Partner	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	to non-	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ					<del></del>				<u> </u>
AR									
CA									
со									
CT									
DE							<del> </del>		
DC							·		
FL									
GA									
Ш					_				
ID							<del> </del>	<del> </del>	
IL									
IN									
IA									
KS									
KY							†		
LA									
ME				-					
MD					100				
MA		<del> </del>			<u>-</u>			<u> </u>	
MI			<del> </del>		<u></u>				
MN		-		<u> </u>			<u> </u>		
MS		1							
MO									

# APPENDIX

1		2	3			4	<del></del>		5
	to non-a	I to sell accredited as in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		State UL attach exp waiver	cation under OE (if yes, planation of granted) E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT	Х		\$4,000 Units of General Partnership Interest	0	0	1	4,000		х
NE									
NV									
NH				-	<del></del>				
NJ									
NM									
NY					<del></del>				
NC									
ND									
OH									
OK		*		-					
OR									
PA									
RI	!								
SC		***			**				
SD									
TN					To the second	<del></del>			
TX					···				
UT									
VT									
VA									
WA	Х		\$86,300 Units of General Partnership Interest	6	36,000	12	50,300		Х
WV									
WI									
WY									
PR									